

# Gilliam County LCAC Meeting Minutes

**DATE:** OCTOBER 5, 2019

**LOCATION:** GILLIAM COUNTY  
COURTHOUSE, COURTROOM

|  |   |
|--|---|
| <b>MEETING CALLED BY</b>                               | Jennifer Bold   |
| <b>CALLED TO ORDER</b>                                 | 12:05   |
| <b>ADJOURNED</b>                                       | 1:30  |
| <b>NOTE TAKER</b>                                      | Teddy Fennern   |
| <b>ATTENDEES</b>                                       | Teddy Fennern, Coordinator; Jennifer Bold, DHS; Amy Nation, Juvenile Director; Chanel Kelly, Consumer; Paul McGinnis, EOCCO; Elizabeth Farrar, County Judge; Teri Thalofer, NCPHD; Neil Freidrick, DHS ; Estella Gomez, OHA innovator Agent; Ashley Danielson, Advantage Dental; Stacy Ayers, DHS; Marci McMurphy, GOBHI, FVRx Coordinator; Nadja McConville; Crystal Wilkie, GOBHI Family Care Coordinator; Sally Mann, North Gilliam Health District Board;   |
| <b>ADDITIONS OR CORRECTIONS</b>                        | Ashley Danielson wanted to add results of Arlington and Condon Dental Screening   |
| <b>PUBLIC COMMENT</b>                                  |   |
| <b>PRESENTATION</b>                                    |   |
| <b>MINUTES</b>   | On the April Minutes Correction – Mimi McDonald is corrected to Mimi McDonell. March 7 <sup>th</sup> Minutes, New Business, Oral Health Update –part way down, where it says limited amounts of restorative work, put in conjunction with the OHSU Pilot Project 200.<br>Chanel Kelly made a motion to approve March, April, June and September minutes with the two corrections mentioned. Elizabeth Farrar seconded the motion, the motion passed.  |
| <b>OLD BUSINESS:</b> <i>Frontier Veggie Rx Program</i> |   |
| <b>DISCUSSION</b>                                      | So this is the numbers for Gilliam County so far through September. We are 22% expended so far<br>876 dosages to distribute<br>We are paying for postage, mainly for the Arlington Thrifty market to mail in their vouchers. Marci is stopping at Two Boys on a monthly basis to pick theirs up so that they don't have to mail it in. If you look at a 9 month program we are currently 56% spent in our time of that 9 months. We are only at 34% of our time in our spending, so we are currently underspending in our money, so we think that we will be able to operate through the whole year without running out. So if you look at the bottom table that is through August, |

|                                  |     |                      |                           |                         |                            |                 |
|----------------------------------|-----|----------------------|---------------------------|-------------------------|----------------------------|-----------------|
| <b>Gilliam</b>                   |     |                      |                           |                         | <b>Starting Balance</b>    |                 |
| <b>Vendor</b>                    |     | <b># of Vouchers</b> |                           | <b>Expense</b>          | <b>\$26,280</b>            |                 |
| Two Boys                         |     | 3,526                |                           | <b>-\$7,052</b>         | \$19,228                   |                 |
| Arlington Thrifty                |     | 931                  |                           | <b>-\$1,862</b>         | \$17,366                   |                 |
|                                  |     |                      |                           |                         | \$17,366                   |                 |
| Postage                          |     |                      |                           | <b>-\$18.30</b>         | \$17,348                   |                 |
| <b>Remaining Funds</b>           |     |                      |                           |                         | <b>\$17,348</b>            |                 |
|                                  |     |                      |                           |                         |                            |                 |
|                                  |     | # of HH Screened     | # of HH Screened Positive | # of new Scripts filled | # of refill Scripts filled | Average HH Size |
| Total # of HH's seen             | 217 | 67                   | 65                        | 106                     | 245                        | 2.26            |
| Total number of individuals seen | 494 |                      |                           |                         |                            |                 |

**Gilliam County Family Services Prescriptions:**

Teddy Reported for September she is serving 65 Families; 149 people; 106 total voucher booklets distributed. I screened 3 new families and all three were positive screens, consisting of 6 people and 5 voucher booklets. My average HH size is 2.30

If there are no further clarifications, then Marci was done with her presentation. Jennifer stated that she was very excited that the program is predicted to last throughout the year. Jen said that she has been hearing about the quantity and quality of produce that is coming into Arlington and in Condon as well. Two Boys has been getting a lot more produce it seems like and different things than they used to carry as well. The whole community benefits. Nadja thought that Arlington didn't have a food pantry, Teddy stated that yes, they did have a food pantry, and they are set up in the Methodist Church and they are a shopping style just like Condon, and that they get the same options from CAPECO just like we do, to stock the pantry, so it should be a pretty well stocked program on a monthly basis. Liz stated that the County Court helps support that program as well.

Marci stated that she has not heard back on the LOI for the Walmart Grant yet and she is getting nervous as the deadline is October 31st. Would love to know sooner rather than later, so she can gather everything that they want for the grant. Then we need to think about and make a decision about the LCAC Community Benefit Initiative Reinvestments. Gilliam County will have \$28,002 to use. We will have to determine whether or not we want to continue with FVRx program or go a different way with the dollars.

**OLD BUSINESS: CCO 2.0 Update**

**DISCUSSION:** Paul stated that it will be our Community Meeting. It will take place on November 7<sup>th</sup> over at the Memorial Hall, 11:30 start time as we are having a meal. Paul asked if we have a sound system over there. Liz stated that they have done an acoustics upgrade there and we have a microphone and we can provide that for the meeting. Will we need to bring our projector and screen? The county has a projector and the chamber and child care both have screens. The Coordinator has sent out materials with a Q&A sheet and posters to hang up on boards as well as a request in the e-mail about promoting the meeting. There will be press releases that will go out closer to the meeting. We need to make sure to RSVP to the meeting at the sign up area.

Teddy stated that at the RCAC meeting we did a practice meeting. Teddy thought that it went well and pointed out things that would be better received by people, not using a lot of acronyms, language changes etc. Paul stated that they made some substantial changes based on feedback. Jennifer is the local spokesperson, and how we utilized funding in our county. Marci stated that we could send out the message to people that this is an opportunity to speak to your insurance company and how often do you get that opportunity. Paul said that he will continue to work with Teddy on this and he has a check list that he will be working from and please go to the Eventbrite page and sign up please.

**OLD BUSINESS:** *Virtual Dentistry Update.* In the last month Ashley has seen 4 patients and it has proven to be a more difficult county to schedule patients for. Out of 115 patients called only 6 patients have wanted to schedule. It is not unexpected to her. All of the phone calls are documented in an Excel spreadsheet with what the patient said, and depending on whether they patient is going to their dentist regularly already, like in Boardman for example, Ashley is e-mailing Dr. Sharon and the front desk is flagging those patients if they do have an appointment with Dr. Sharon in Hermiston, Heppner or Boardman, that Dr. Sharon can put the plug in that Hey do you know that there is this this service now in Arlington, that is an extension of their program and that Ashley can see them and can clean their teeth there, and that she is not trying to steal them as a patient. It is still kind of perceived that she is trying to take them away from their dentist, and the best way to think about it is it is an extension of their dental home, they can still see Dr. Shannon as their dentist, I can just clean their teeth, instead of their other hygienist. A lot of the patients have dentures or are on their way to dentures, so they don't really need regular dental cleanings. Patrick the Communications Director for GOBHI was in contact with Ashley today and he is writing up an article about the tele-dentistry program that we are piloting. He as asking her like what does that program look like on the ground, what has the patient experience been like, and Advantage Dental is planning on mailing that out to all of our members in Sherman, Gilliam counties. We are trying to build a process for claims and billing so that it is a stable. Sally Mann stated that there is a Newsletter that the Arlington Clinic has to update the community as to what is happening there. Ashley said that they were a little hesitant to put it out in the newsletter, because they can only see OHP clients and they don't want to confuse people.

Teddy asked when did we think that we might be able to move to other insurances. Ashley had brought that up to her manager Mary Ann Wren about being able to accept cash paying patients who do not have any dental insurance at all. The barrier has been Ashley being able to accept money/ handle money. Mary Ann had just gotten back from Vacation, so they have not gotten that conversation finished yet. Just haven't gotten there yet.

**\*Arlington and Condon school dental screens.**

*They were doing the screens on an opt-out basis which has increased the amount of lives that she is able to touch with an oral exam by 60% so that is huge. For Condon screened 96 kids, sent consent forms home to 35 of those kids would benefit from having fluoride on their teeth for preventative reason so they have either had fillings in the past or some warning signs of cavities. There are 14 kids that she sent consent forms home to that have missing tooth structures, so that would be in line with cavities that have not been fixed yet and would benefit from the silver diamine fluoride as a preventative service and there are 24 kids who got sent home with consent forms who need sealants. Also saw 15 kids at the high school. Ashley will return there on October 8<sup>th</sup> to provide preventative services to any child who has returned a consent form.*

*Arlington saw 105 kids; 36 kids need fluoride for preventative reasons; 14 kids need silver diamine fluoride for cavity reasons; and 38 kids needing sealants. Will return to Arlington for those kids who return a consent form for preventative services on November 14. It was so great and a lot more kids but a lot easier. Since just doing visual exam so can just go into their classroom. If there is a kids that didn't get consent she usually tries to make them their helper so they don't feel left out and awkward. If there is more than one, split up the duties so that everyone gets something to*

*do and regardless of consent forms, everyone will get a toothbrush and toothpaste. That is provided to the whole entire school.*

**DISCUSSION:**

**OLD BUSINESS:**

**DISCUSSION:**

**NEW BUSINESS:** *Incentive Measure Progress Report for August 2019*

**DISCUSSION:** So everyone is aware, all of the CCO's that provide services for Medicaid members, a portion of their budget is withheld from them by the OHA. In this case it's about 5.2% and for the EOCCO it is about 12.6 Million dollars. Then we are told to meet these quality measures, and we have to meet 14 of 17 of the measures to get the withheld dollars back into the program, where we pay PCPCH, Primary Care Practices, and to the LCAC's plus other grant opportunities. It is important to meet these measures. They are all about prevention and promotion. This is about upstream get to things. Paul also told Sally that the North Gilliam Health District has 101 members assigned to it. Teddy stated that it was sent out. So looking at August, it looks like the only metric that we are meeting right now is the childhood immunizations. From our demographic report though we have 11 kids that are under the age of one. So next year, that number is going to be up a lot higher. Also Ashley is going to nail the dental sealants metric. She needs 9 in each age group and don't think that will be a problem. We need 10 more Adolescent Well Care Visits, and the EOCCO is still giving gift cards to kids that go. Teddy asked if it was a \$25 gift card and Paul was not sure, but it might be, teddy thought that is what someone had said at the RCAC meeting. We need 11 more on the effective contraceptive use. 3 more oral evaluations for people with diabetes is what we need to meet that measure. EOCCO is not directly connected to reliance, which is the electronic referral system, so Ashley said they make direct phone calls to all of their diabetic patients to let them know that the service is offered in Arlington. We may need to communicate this better to the Clinic here maybe, and do some better outreach about dental services in Arlington. Hopefully we will start seeing some green on these reports. We are a little bit behind overall.

**NEW BUSINESS:** *RCAC REPORT – TEDDY FENNERN*

**DISCUSSION:** RCAC SUMMARY REPORT

This was the annual meeting together with the Early Learning HUB's to share information on Strategic Plan Priority Issues and how they connect to the LCAC and/or CCO collaboration or projects.

Blue Mountain Early Learning HUB (Umatilla, Morrow, Union) Cade Burnett went over their annual report highlighting their no wrong door policy and providers that work with them to refer families including Banks, Libraries, Athletic Club and Wild Horse Casino even. This means that if a family is looking for a service, that they can be connected to the providers that serve families from any one of these local "Family Friendly Businesses"

Eastern Oregon Early Learning HUB (Malheur, Baker, Wallowa) Kelly Poe told of their work with Family Connects as an early adopter, one of the first in the state to roll this out. This is a universally offered home visiting pilot project. This is designed to be delivered to all families with newborns, free of charge, to intentionally advance the well-being of infants and their families by ensuring they have a medical home and are provided with physical and mental health screenings, comprehensive assessments and connections to community resources that support their individual family needs and preferences in the critical first months following birth.

4RELH Christa Rude was sick but Linda Watson reported that we are also doing the Universal Home Visiting Pilot project early adopter. Currently trying to get through a process with the state to move our Backbone from Sherman County to a new entity. The state is also requiring a bunch of new things that we are working on for the new student success act funding around preschool expansion and where the target populations are. We have to create a regional stewardship committee so that we can do a Regional Early Childhood Education sector Plan. There is a lot of work in these areas to be done and we are getting started with the first steps in each of the processes

Frontier ELHUB (Grant, Harney) Patti Wright reported out about home visiting programs and doing the work of the HUBS around the new legislation. Lake ELHUB/Central Oregon ELHUB (Lake, Klamath, Douglas) Arvinder Singh talked about their home visitation programs.

Eastern Oregon and Umatilla Morrow Head Start did a presentation on how they are working with families and recognizing that the kid is a part of a parent/ family/ community/ region/ state and taking on the whole child approach, looking at health and education. Working with one child means working with a whole classroom and creating seamless transitions and seamless service delivery

Nutrition Oregon Campaign – addressing chronic disease at the community level. Since 1990 obesity has doubled; heart disease has tripled and ½ the people in Oregon are suffering from a chronic disease.

Birthweight predictors are linked to chronic disease. They are looking at how toxic stress is impacting people. We are 3rd generation of eating highly processed food. Only ½ % is in the ideal health category. They are going to take a systems approach and try to fully utilize the power of nutrition to end chronic disease in Oregon for all with a specific focus on closing the gap for those most at risk. Big grant from the Moore foundation to do this work.

#### Early Childhood Metrics 2020 Presentation

We wanted to talk about opportunities to collaborate like working with WIC/ Public Health/ Early Intervention/ these all work with Medicaid Clients.

The metrics went from 19 measures down to 13

- Well Child Visits for ages 3-6 need to be in the 75% or an improved target from what they were at by 3% points
- Preventive Dental – it is not just sealants any more, as there are only so many teeth that can be sealed to a dental procedure; fluoride; or a sealant qualifies
- ASQ Developmental Screens have been removed as a metric.

We went from 6.7% in 2011

- 30% in 2013
- 54% in 2016
- 67% in 2018
- We had done good work that we want to just continue to do what we are doing as it still is a tracked statewide metric.
- It was mentioned that the 3-6 year olds fall off, because they have gotten all their immunizations and are not going to the dr. as much.

#### Legislative Update

2019 historic for the

- Student success act. Funding will begin in 2020-2021
- Universally offered Home Visiting Program

- Child Care task force established
- Paid Family and Medical Leave
- Earned Income Tax Credit increased

The Student Success Act will have

- 50% of funds to the schools
- 30% statewide educational initiatives
- 20% to early childhood

This will allow opportunities for collaborative work. Building awareness of recent investments.

Deepen the connections with school districts to support children’s health and early learning.

There was a discussion about Child Care availability, and how people are having to quit their jobs because they cannot find child care. We are a child care dessert our here literally

We did a run through of the CCO2.0 Presentation and we gave feedback on how to make it better.

|                      |  |
|----------------------|--|
| <b>NEW BUSINESS:</b> | <i>LCAC REQUEST FOR APPLICATIONS</i>   |
| <b>DISCUSSION:</b>   | <p><i>COMMUNITY BENEFIT INITIATIVE REINVESTMENTS</i><br/> We have \$28,002 to use. We do not have to link this to any of the incentive metrics</p> <p><i>TRANSFORMATION COMMUNITY BENEFIT INITIATIVE REINVESTMENTS</i><br/> <i>TRANSFORMATION COMMUNITY BENEFIT INITIATIVE REINVESTMENTS NEW IDEA FUND</i></p> <p><i>All of the Applications are due January 17<sup>th</sup> and not the 31<sup>st</sup> this year. We do have the \$28,002 to use at our discretion and we do not have to link it to a metric. As long as it is in our CHP or is a social determinant of health will work. We do need to decide if we are going to continue with FVRx, because Paul and Marci need to write the application, or we can put some into it and use some for other things in the CHP. Jennifer was wondering about some funds for trauma informed care. She did state that she would really hate to see that program go away, and was wondering if there were some other avenues to bring that into the community and we could do to work with them. Nadja stated that we have to have some consistency and right now, we have that with the FVRx and she doesn’t want to see us lose that. We want something that people can trust. There was some discussion about the Veggie Rx, As a consumer that used the program, when times get rough and you know that you have to pick whether you buy food or you fix your car so that you can get to work and make money for your family, I found the FVRx program came in very helpful for me and my family and I would be very sad as a resource to see it go away. Marci stated that this is exactly what we need to hear from people and wondered if she would be willing to write that up and send it to Teddy. There does not have to be a name attached to it, it can be confidential. Jennifer stated that unfortunately this is the reality for a lot of families today, it is financially getting harder. More discussion is that as a consumer that they are very much appreciated as they can just go and get a bag of potatoes and lettuce and some other veggies and make them go a long ways in cooking to help get them through to the end of the month. So Paul stated that he is hearing that we don’t want to set aside any of the funds to utilize in other ways than the FVRX. We have food insecurity in the plan. We can work with other programs and entities around trauma informed care. There should be some folks in our area that are trained. Jen stated that the hard part is that there is not enough money for us to spend in separate areas, it takes the whole amount of funding to run the program.</i></p> |

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|----------------------|--|
|                      | <p>Ashley wanted to get clarification if the point of the program is to increase someone's health, or is it to help with food insecurity? Ashley asked if the families even know if the families know how to cook? Teddy stated that when she prescribes for the first time, she does some nutrition information. Teddy created a packet utilizing information from OSU Extension Service Food Hero and Choose MyPlate.gov. I printed out some information that states why it is important to eat vegetables, then a page with 10 tips on how to add vegetables into your day. Same with Fruits, why it is important to eat, like heart health and stroke, obesity &amp; Diabetes. Then 10 tips on how to get more fruit into your day. Then I have 10 kid-friendly fruit &amp; Veggie Tips; a page about reaching nutrition goals and starting with something small and attainable. Lastly I have information on how to get to the Food Hero web site and how you can get it on your phone. Food Hero has a ton of recipes and ways to utilize things that you will be able to get from the food pantry and they are healthy and taste good. It was determined in the beginning that we would do some kind of nutrition counseling and this is what I came up with. I shared that packet with Marci and she has shared it with other counties in our program. Ashley didn't think that Sherman County was doing that currently as they are feeling overwhelmed at this time. Marci stated that Harney County is currently only prescribing to OHP recipients and they are getting height, weight and blood pressures of their participants. This is where we are hoping to get our health information from. The other counties are a mixed program and will be extremely hard to track.</p> <p>We had some further discussion around the other grants available and who can apply for them. Some are just Dental some were medical providers, and we could apply for a new idea Grant. There was a discussion about medical providers being able to apply for a grant around Immunizations. Teddy stated that currently have grandkids that are getting Immunizations and have a list hanging on fridge that shows the ages of immunizations and was surprised that they don't have the HPV immunization on the list at all, and they should make parents aware of this vaccination. Ashley mentioned that HPV is linked to Oral Cancer, so Dental Providers can give those shots now too. Paul mentioned that in our Health Plan we have that reference for the Arlington Clinic to work with NCPHD to do Vaccines for Children program. Wondered if that had gotten going yet? Teddy stated that she didn't think that they had make that connection yet. Teddy will talk with Terri and do a reminder to her and David Anderson that they were going to make this connection and have a meeting.</p> |
| <b>NEW BUSINESS:</b> | <p>USE OF 2020 LCAC REINVESTMENT FUNDS, \$28,002 *Action Item<br/> There was a motion made by Ashley Danielson to utilize all of the \$28,002 of 2020 funding in the Frontier Veggie Rx Program. Chanel Kelly seconded the motion. MSP unanimously.</p>  |
| <b>DISCUSSION</b>    |  |
| <b>NEW BUSINESS:</b> | <p>LCAC ADMINISTRATIVE SUPPORT, OPERATIONAL FUNDS * Action Item</p>  |
| <b>DISCUSSION</b>    |  |
| <b>MISC ITEMS</b>    |  |
| <b>DISCUSSION</b>    |  |

| ACTION ITEMS  | PERSON RESPONSIBLE             | DEADLINE |
|---|--------------------------------|----------|
| <ul style="list-style-type: none"> <li>Minutes of March 2019</li> </ul>                       | Chanel Kelly /Elizabeth Farrar | MSP      |
| <ul style="list-style-type: none"> <li>Minutes of April 2019</li> </ul>                       | Chanel Kelly /Elizabeth Farrar | MSP      |
| <ul style="list-style-type: none"> <li>Minutes of June 2019</li> </ul>                        | Chanel Kelly /Elizabeth Farrar | MSP      |
| <ul style="list-style-type: none"> <li>Minutes of September 2019</li> </ul>                   | Chanel Kelly /Elizabeth Farrar | MSP      |
| <ul style="list-style-type: none"> <li>LCAC Reinvestment Funds</li> </ul>                     | Ashley Danielson/Chanel Kelly  | MSP      |
| <ul style="list-style-type: none"> <li>LCAC Administrative Support Operations Fund</li> </ul> | Ashley Danielson/Liz Farrar    | MSP      |